

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-017	2. STATE Kentucky
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2014	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

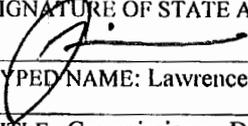
6. FEDERAL STATUTE/REGULATION CITATION: AFFORDABLE CARE ACT	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$1.8 Million b. FFY 2015 \$2.5 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Att. 3.1-A, Page 7.3.1 (c) Att. 3.1-A, Page 7.4.4(b) Att. 3.1-A, Page 7.4.4(c) Att. 3.1-B, Page 25.1 Att. 3.1-B, Page 30 Att. 3.1-B, Page 31 Att. 4.19-B, Page 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same New Same Same Same New New

10. SUBJECT OF AMENDMENT:

The purpose of this State Plan Amendment is to revise benefits and reimbursement for Physical, Occupational and Speech Therapy

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Review delegated
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED to Commissioner, Department for Medicaid
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department for Medicaid Services 275 East Main Street 6W-A Frankfort, Kentucky 40621
13. TYPED NAME: Lawrence Kissner	
14. TITLE: Commissioner, Department for Medicaid Services	
15. DATE SUBMITTED: 10/1/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 10/01/13	18. DATE APPROVED: 12/20/13
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/14	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Jackie Glaz	22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns
23. REMARKS: Approved with the following changes as authorized by State Agency on emails dated 12/24/13: Block # 8 changed to read: Atch 3.1-A pages 7.3.1(c), 7.4.4(b), 7.4.4(c), Atch 3.1-B pages 25.1, 30, 30.1; Atch 4.19-B page 22. Block # 9 changed to read: Atch 3.1-A pages 7.3.1(c) (same), 7.4.4(b)(same), 7.4.4(c) (new), Atch 3.1-B pages 25.1(same), 30 (same), 30.1(new); Atch 4.19-B page 22(new).	